

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564178

FILING DATE

APPLICANT/OR

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓			↓								
TOTAL DEP.	31	←			←			↓					
TOTAL CLAIMS	35						↓						